NEW YORK STATE OF OPPORTUNITY. | **Office of Mental Health**

New PSYCKES Features Release 7.1

We will begin shortly

To hear the webinar, click "Call Me" in the Audio Connection box and enter your phone number - the WebEx system will call your phone

If you do not see the Audio Connection box, go to the top of your WebEx screen, click "Communicate" > "Audio Connection" > "Join Teleconference"

Kristen McLaughlin
Medical Informatics PSYCKES Team
February 17, 2021

Q&A via WebEx

- All phone lines are muted
- Access "Q&A" box in WebEx menu at the right of your screen; if you expanded the view of the webinar to full screen, hover cursor over bar at top of screen to see menu
- Type questions using the "Q&A" feature
  – Submit to "all panelists" (default)
  – Please do not use Chat function for Q&A
- Slides will be emailed to attendees after the webinar

Agenda

- PSYCKES Overview
- Demonstration of New Features in Release 7.1.0
  - County of Fiscal Responsibility Filter in Recipient Search
  - New Population Filters in Recipient Search:
    - Behavioral Health High Need – Dual (Medicaid + Medicare)
    - Highest Need/Risk – MH
  - BH QARR DOH Performance Tracking Measures in Recipient Search
  - New Data Source from DOHMH:
    - AOT Referral Under Investigation
    - Intensive Mobile Treatment (IMT) Information
  - Psychiatric Advance Directive PDF Template Link from Clinical Summary
  - MyCHOIS Consumer & iOS Enhancements
- Training & Technical Support

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PSYCKES Overview

What is PSYCKES?

- A secure, HIPAA-compliant online application for sharing Medicaid claims and encounter data and other state administrative data

- Designed to support data-driven clinical decision-making, care coordination and quality improvement

- Ongoing data updates

  - Clinical Summary updated weekly

  - Quality Indicator reports updated monthly

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Who is Viewable in PSYCKES?

- Over 8 million NYS Medicaid enrollees (currently or past)
  - Fee for service claims
  - Managed care enrollees, all product lines
  - Dual-eligible (Medicare/Medicaid) and Medicaid/Commercial
- Behavioral Health Population (any history of):
  - Psychiatric or substance use service,
  - Psychiatric or substance use diagnosis, OR
  - Psychotropic medication
- Provides all data – general medical, behavioral health, residential

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What Data is Available in PSYCKES?

- Clinical Summary provides up to 5 years of data, updated weekly

- All Medicaid FFS claims and Managed Care encounter data, across treatment settings
  - Medications, medical and behavioral health outpatient and inpatient services, ER, care coordination, residential, lab, and more!

- Multiple other state administrative databases (0-7 day lag):
  - Health Home enrollment & CMA provider (DOH MAPP)
  - Managed Care Plan & HARP status (MC Enrollment Table)
  - MC Plan Assigned Primary Care Physician (DOH)
  - State Psychiatric Center EMR (OMH MHARS)
  - Assertive Community Treatment provider contact (OMH CAIRS)
  - Assisted Outpatient Treatment provider contact (OMH TACT)
  - Adult Housing/Residential Program Information (OMH CAIRS)
  - Suicide attempt (OMH NIMRS)
  - Safety plans/screenings and assessments entered by providers in PSYCKES MyCHOIS
  - **NEW!** IMT and AOT Referral Under Investigation (DOHMH MAVEN)

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Quality Indicators "Flags"

- PSYCKES identifies clients flagged for quality concerns in order to inform the treating provider or network and to support clinical review and quality improvement
- When a client has an applicable quality flag, the provider is allowed access to that individual's Clinical Summary
- Examples of current quality flags include:
  - No diabetes monitoring for individuals with diabetes and schizophrenia
  - Low medication adherence for individuals with schizophrenia
  - No follow-up after MH inpatient within 7 days; within 30 days
  - High utilization of inpatient/emergency room, Hospital Readmission
  - HARP Enrolled-Not Assessed for HCBS, Health Home Plus-Eligible, No Health Home Plus Service

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County of Fiscal Responsibility Filter in Recipient Search

County of Fiscal Responsibility Filter

- A new report filter called "County of Fiscal Responsibility" was added to Recipient Search in the "Characteristics" section

- Upon selecting a county from the filter options, clients who are currently assigned to that county for fiscal responsibility will be returned in the search results

  - The five boroughs in New York City are combined as one county, according to the data source for this filter.

- Clients need to be active on Medicaid either currently or at any time in the past year

Recipient Search

Recipient Identifiers

Medicaid ID		ate ID	OMH Case #	First Name
AB00000A				

Characteristics as of 01/31/

Age Range	[___] To [___]		Managed Care	[_____ ▾]
County of Fiscal Responsibility	[_____ ▾]		MC Product Line	[_____ ▾]
Population	[_____ ▾]		Medicaid Enrollment Status	[_____ ▾]

Dropdown list:
- (blank selected)
- New York City (all 5 boroughs)
- Albany
- Allegany
- Broome
- Cattaraugus
- Cayuga
- Chautauqua
- Chemung
- Chenango
- Clinton
- Columbia
- Cortland
- Delaware
- Dutchess
- Erie
- Essex
- Franklin
- Fulton
- Genesee

My QI Report▾   Statewide Reports   Recipient Search   **Provider Search**   Registrar ▾   Usage Reports ▾   Utilization Reports   MyCHOIS

‹ Modify Search   **123 Recipients Found**   ℹ View: [Standard ▾]   📄 PDF   📊 Excel

County of Fiscal Responsibility	Allegany
AND [Provider Specific] Provider	Main Street Clinic

Review recipients in results carefully before accessing Clinical Summary.

Maximum Number of Rows Displayed: 50

Name ▲	Medicaid ID ⇅	DOB ⇅	Gender ⇅	Medicaid Quality Flags ⇅	Medicaid Managed Care Plan ⇅
QVBQRUnM UqVUSA SA	Qq6oOTQnOVI	NoynOCynOTap	TQ LQ M92	No Outpt Medical	
QVJNUrRSTqvH VEzOWUE TA	QUqoND2v Mal	MTIIMTEIM TauMQ	R6 LQ Mpa	2+ ER-BH, 4+ Inpt/ER-BH, HARP No Assessment for HCBS, HARP No Health Home, No Rehab f/u 14d, No SUD ER f/u 30d, No SUD ER f/u 7d, No SUD Tx Engage, No SUD Tx Engage (DOH)	Molina Healthcare of New York
QaFJTEVZ QaFSQaFSQQ QQ	QUuoN9Mp MUi	MSyoNoynO TYr	R6 LQ NTY	4PP(A), No Gluc/HbA1c & LDL-C - AP, No LDL-C - AP	HealthNow New York Inc.

New Population Filter Options in Recipient Search

Behavioral Health High Need – Dual (Medicaid + Medicare)

- Identifies clients ages 21 and over who meet behavioral health high need criteria and are enrolled in both Medicaid and Medicare

- For the purpose of this filter, behavioral health high need is defined using the same criteria used for the HARP algorithm

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Highest Need/Risk - MH:

- Identifies clients of all ages who have had any one of the following in the past 12 months:
  - Active AOT or AOT order expired, ACT discharge, 3+ inpatient MH, 4+ ER MH, 3+ inpatient medical & schizophrenia or bipolar diagnosis, ineffectively engaged (no outpatient MH & 2+ inpatient MH/3+ ER MH), State Psychiatric Center discharge, or HH+ eligible CNYPC discharge

- This new filter uses the same algorithm as is used for the existing "Health Home Plus – Eligible (HH+)" filter, however the "Highest Need/Risk – MH" filter does not exclude clients under 18 nor does it exclude clients who reside on a state-operated Psychiatric Center campus

My QI Report ▾ | Statewide Reports | Recipient Search | **Provider Search** | Registrar ▾ | Usage Reports ▾ | Utilization Reports | MyCHOIS

❮ Modify Search

167 Recipients Found

❶ View: Standard ▾

PDF

Excel

Population	Highest Need/Risk - MH
AND	[Provider Specific] Provider	Main Street Clinic

Review recipients in results carefully before accessing Clinical Summary.

Maximum Number of Rows Displayed: 50

Name ▲	Medicaid ID ⬍	DOB ⬍	Gender ⬍	Medicaid Quality Flags ⬍	Medicaid Managed Care Plan ⬍
QUJEVUnLSEFMSVE QUnJTQ	QVIoMp2m MU2	NCyoMoynO T6n	TQ LQ Mpa	2+ ER-BH, 2+ ER-MH, 2+ ER-Medical, 2+ Inpt-BH, 2+ Inpt-MH, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, 4+ Inpt/ER-Med, Adher-AP, Adher-AP (DOH), Cloz Candidate, HARP No Assessment for HCBS, HARP No Health Home, HHPlus No HHPlus Service, HHPlus Not HH Enrolled, No Gluc/HbA1c & LDL-C - AP, No LDL-C - AP, No MH Inpt F/U 30d (DOH), No MH Inpt F/U 7d (DOH), No Rehab f/u 14d, No SUD ER f/u 30d, No SUD ER f/u 7d, POP Cloz Candidate, POP High User, Readmit 30d - BH to BH, Readmit 30d - MH to MH, Readmit 30d - Medical to All Cause	
QUnFSaFORFJP TEbTQUvEUay	Qr6qM92qM bE	NCyoMCyn OTau	TQ LQ M9I	2+ ER-BH, 2+ ER-MH, 2+ Inpt-BH, 2+ Inpt-MH, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, Adher-AD - Acute (DOH), Adher-AD - Recovery (DOH), Adher-AP, Adher-AP (DOH), Cloz Candidate, HHPlus No HHPlus Service, HHPlus Not HH Enrolled, No Gluc/HbA1c & LDL-C - AP, No LDL-C - AP, No SUD Tx Engage, No SUD Tx Engage (DOH), No SUD Tx Initiation, No SUD Tx Initiation (DOH), POP Cloz Candidate, POP High User	MVP
QUnWQVJFW6 TUFSWUfFQUu	QV6vMDan Mr6	M8ynLpEvN 9Q	R6 LQ NT2	2+ ER-Medical, HHPlus No HHPlus Service, HHPlus Not HH Enrolled, POP High User	Fidelis Care New York

BH QARR DOH Performance Tracking Measures in Recipient Search

NEW YORK STATE OF OPPORTUNITY. | Office of Mental Health

BH QARR DOH Performance Tracking Measures in Recipient Search

- The "Quality Flag" filter box in Recipient Search now includes each of the BH QARR DOH Performance Tracking Measures as individual report filter options.

- These flags will have "(DOH Performance Tracking)" at the end of the label to tell them apart from the other PSYCKES flags.

  – As a reminder, the measures in the DOH Performance Tracking set are unique because they are calculated by the NYS Department of Health (DOH) on "mature" Medicaid data. DOH calculates these measures after a 6-month billing data maturation period to allow for services to be invoiced.

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High Need Population	[▾]			Status
AOT Status	[▾]		Medicaid Restrictions	[▾]	HARP HCBS Assess
Alerts & Incidents	[▾]		DSRIP PPS	[▾]	R

Quality Flag as of 01/01/2021

⧉ Definitions

Services: Specific Provider as of 01/01/2021

HARP Enrolled - Not Health Home Enrolled - (updated weekly)
HARP-Enrolled - No Assessment for HCBS - (updated weekly)
Eligible for Health Home Plus - Not Health Home Enrolled - (updated monthly)
Eligible for Health Home Plus - No Health Home Plus Service - (updated monthly)
Health Home Care Management - Adult Summary
Antipsychotic Polypharmacy (2+ >90days) Children
Antipsychotic Two Plus
Antipsychotic Three Plus
Antidepressant Two Plus - SC
Antidepressant Three Plus
Psychotropics Three Plus
Psychotropics Four Plus
Polypharmacy Summary
Discontinuation - Antidepressant <12 weeks (MDE)
Antidepressant Medication Discontinued - Acute Phase (DOH Performance Tracking)
Antidepressant Medication Discontinued - Recovery Phase (DOH Performance Tracking)
Adherence - Mood Stabilizer (Bipolar)
Adherence - Antipsychotic (Schiz)
Low Antipsychotic Medication Adherence - Schizophrenia (DOH Performance Tracking)
Treatment Engagement - Summary

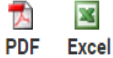| Provider | [   ] |
Region	[ ]
Current Access	[ ]
Service Utilization	[ ]

Service Setting:

+ −Care Coordination
+ −Foster Care
+ −Inpatient - ER
+ −Living Support/Residential
+ −Other
+ −Outpatient - DD
+ −Outpatient - MH

De-identify ⬤

Settings ▾

Log Off

My QI Report ▾   Statewide Reports   Recipient Search   **Provider Search**   Registrar ▾   Usage Reports ▾   Utilization Reports   MyCHOIS

◀ Modify Search

55 Recipients Found

❶ View: Standard ▾

PDF   Excel

Quality Flag	Low Antipsychotic Medication Adherence - Schizophrenia (DOH Performance Tracking)
AND [Provider Specific] Provider	Main Street Clinic

Review recipients in results carefully before accessing Clinical Summary.

Maximum Number of Rows Displayed: 50

Name ▲	Medicaid ID ⇅	DOB ⇅	Gender ⇅	Medicaid Quality Flags ⇅	Medicaid Managed Care Plan ⇅
QUJEVUnLSEFMSVE QUnJTQ	QVIoMp2m MU2	NCyoMoynO T6n	TQ LQ Mpa	2+ ER-BH, 2+ ER-MH, 2+ ER-Medical, 2+ Inpt-BH, 2+ Inpt-MH, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, 4+ Inpt/ER-Med, Adher-AP, Adher-AP (DOH), Cloz Candidate, HARP No Assessment for HCBS, HARP No Health Home, HHPlus No HHPlus Service, HHPlus Not HH Enrolled, No Gluc/HbA1c & LDL-C - AP, No LDL-C - AP, No MH Inpt F/U 30d (DOH), No MH Inpt F/U 7d (DOH), No Rehab f/u 14d, No SUD ER f/u 30d, No SUD ER f/u 7d, POP Cloz Candidate, POP High User, Readmit 30d - BH to BH, Readmit 30d - MH to MH, Readmit 30d - Medical to All Cause	
QUnFSaFORFJP TEbTQUvEUay	Qr6qM92qM bE	NCyoMCyn OTau	TQ LQ M9I	2+ ER-BH, 2+ ER-MH, 2+ Inpt-BH, 2+ Inpt-MH, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, Adher-AD - Acute (DOH), Adher-AD - Recovery (DOH), Adher-AP, Adher-AP (DOH), Cloz Candidate, HHPlus No HHPlus Service, HHPlus Not HH Enrolled, No Gluc/HbA1c & LDL-C - AP, No LDL-C - AP, No SUD Tx Engage, No SUD Tx Engage (DOH), No SUD Tx Initiation, No SUD Tx Initiation (DOH), POP Cloz Candidate, POP High User	MVP
QUnHRVI QUrBTaRB TA	RqMuNp2u MbM	OSyrLpEvOT A	R6 LQ MpA	2+ Inpt-BH, Adher-AP (DOH), HARP No Assessment for HCBS, No Rehab f/u 14d	Fidelis Care New York

New Data Source from DOHMH

New Data Source from DOHMH

Two new types of information are now included in the Clinical Summary in the "Current Care" section:

- **Intensive Mobile Treatment (IMT):** For clients currently or previously enrolled in IMT enrollment date, discharge date, team name, and team contact information will be displayed.

- **Assisted Outpatient Treatment (AOT) Referral Under Investigation**: For clients with an AOT referral currently under investigation, the start date of the investigation, the AOT office reviewing the referral, and the AOT office contact information will be displayed

New Data Source from DOHMH - Brief Overview:

De-identify ◉   Settings ▾   Log Off

| My QI Report ▾ | Statewide Reports | Recipient Search | Provider Search | Registrar ▾ | Usage Reports ▾ | Utilization Reports | MyCHOIS |

Jane Doe

❮ Recipient Search

Clinical Summary as of 1/31/2021

📄 PDF

ⓘ About included data sources

| Brief Overview | 1 Year Summary | 5 Year Summary |

Data with Special Protection ◉ Show ○ Hide
This report contains all available clinical data.

DOB: 8/25/1987 (33 YRS)
Address: 123 Main St. New York, NY 10128

Medicaid ID XX12345X   **Medicare:** No
Managed Care Plan: Fidelis Care New York (Mainstream)
MC Plan Assigned PCP: N/A

HARP Status: Not HARP Eligible (Current Medicaid Enrollees excluding H1-H9)
HARP HCBS Assessment Status: N/A

Current Care Coordination

AOT Order Under Investigation	This client currently has an AOT referral under investigation with the Rikers AOT office (as of 15-OCT-20) • For questions or information in support of the AOT referral please contact 347-396-7373.
Intensive Mobile Treatment (IMT)	Center for Urban Community Services(CUCS) IMT Team I (Admission Date: 27-AUG-19) • Main Contact: Roshni Misra: (646) 428-0718, roshni.misra@cucs.org
Health Home (Enrolled)	COORDINATED BEHAVIORAL CARE INC (Begin Date: 01-OCT-20) • Status : Pended Main Contact Referral: Enoch Naklen: 646-930-8823, enaklen@cbcare.org • Jasmine Ketcham: 646-930-8791, jketcham@cbcare.org Member Referral Number: 866-899-0152 **Care Management (Enrolled):** JEWISH BD FAM/CHILD SVCS MH
Health Home Plus Eligibility	This client is eligible for Health Home Plus due to: 4+ ER MH < 12 months, AOT - Expired < 12 months, HH+ Eligible CNYPC Release < 12 months

New Data Source from DOHMH – 1 Yr/5 Yr

General

Name
Jane Doe

DOB
8/25/1987 (33 YRS)

Address
123 Main St
New York, NY 10128

Medicaid ID
XX12345X

Medicaid Aid Category
N/A

Medicaid Eligibility Expires on

Medicare
No

Managed Care Plan
No Managed Care(FFS Only)

MC Plan Assigned PCP
N/A

HARP Status
Not HARP Eligible (Current Medicaid Enrollees excluding H1-H9)

HARP HCBS Assessment Status
N/A

DSRIP PPS
New York City Health and Hospitals Corp PPS

Current Care Coordination

AOT Order Under Investigation : This client currently has an AOT referral under investigation with the Rikers AOT office (as of 15-OCT-20). For questions or information in support of the AOT referral, please contact 347-396-7373.

- This information is updated weekly from DOHMH.

Intensive Mobile Treatment (IMT): Center for Urban Community Services(CUCS) IMT Team I (Admission Date: 27-AUG-19). Main Contact: Roshni Misra, (646) 428-0718, roshni.misra@cucs.org

- This information is updated weekly from DOHMH.

Health Home (Enrolled) - Status : Pended, COORDINATED BEHAVIORAL CARE INC (Begin Date: 01-OCT-20), Main Contact: Referral - Enoch Naklen, 646-930-8823, enaklen@cbcare.org; Jasmine Ketcham, 646-930-8791, jketcham@cbcare.org; Member Referral Number: 866-899-0152

Care Management (Enrolled) : JEWISH BD FAM/CHILD SVCS MH

- This information is updated weekly from DOH Health Home file.

Care Coordination Alert - This client is eligible for Health Home Plus due to: 4+ ER MH < 12 months; AOT - Expired < 12 months; CNYPC Release < 12 months

Psychiatric Advance Directive Template in Clinical Summary

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Psychiatric Advance Directive Template

- The "Plans and Documents" section of the Clinical Summary now links to a Psychiatric Advance Directive (PAD) fillable PDF template

- The form can be completed by the client or together with their provider and then it needs to be signed by the client and two witnesses

  – Copies should be made for the client and provider(s)

- The completed PAD can be uploaded and attached to the PSYCKES Clinical Summary to be accessible by other providers, such as an Emergency Room user with client consent or in a clinical emergency

- The PAD template in PSYCKES is based on the version created by NYAPRS.

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De-identify ⦾   **Settings** ▾   **Log Off**

| My QI Report ▾ | Statewide Reports | Recipient Search | Provider Search | Registrar ▾ | Usage Reports ▾ | Utilization Reports | MyCHOIS |

DOE, JANE
Clinical Summary as of 1/24/2021

PDF   Excel   CCD

‹ Recipient Search

☰ Sections | Brief Overview | **1 Year Summary** | 5 Year Summary | This report does not contain clinical data with special protection - consent required.

General

Name
Jane Doe

Medicaid ID
AB12345C

Medicare
No

HARP Status
HARP Enrolled Tier 2 HCBS (H1 with H3)

DOB
12/19/2001 (19 years)

Medicaid Aid Category
SSI

Managed Care Plan
UnitedHealthcare Community Plan (HARP)

HARP HCBS Assessment Status
Tier 2 HCBS Eligibility (Reassess overdue)

Address
123 Main Street, Staten Island, NY 10302

Medicaid Eligibility Expires on
7/1/2021

MC Plan Assigned PCP
Bills, Josh MD

Current Care Coordination

Housing/Residential Program: Supported Housing Community Services, SIBN Supp Housing/Adult Homes Richmond Cty - Comm Svcs, Staten Island Behavioral Network, Inc. (Admission Date: 26-MAR-19), Program Contact Information: Eleftherios Papaioannou, (718)-351-5530

- This information is updated weekly from CAIRS.

Quality Flags   as of monthly QI report 1/1/2021   ▢ Definitions

| Recent | All (Graph) | All (Table) |

Indicator Set

High Utilization - Inpt/ER   2+ ER - BH • 2+ ER - MH • 2+ ER - Medical • 4+ Inpatient/ER - BH

Plans & Documents   ⬆ Upload   ⊕ Create New ⬅

There are no Plans or Documents

Behavioral Health Diagnoses   Primary and Secondary Dx (most frequent first)

Indicator Set

Polypharmacy   Psychot...   ...e Hcl + Paroxetine Hcl + Trazodone Hcl)

Plans & Documents ⬆ Upload ⊕ Create

There are no Plans or Documents

Create New Plans & Documents   ✕

| Safety Plan | ❯ |

| Psychiatric Advance Directive | ❯ |

Close

Behavioral Health Diagnoses Primary

Major Depressive Disorder • Generalized Anxiety ...   ...e disorder, single episode • Persistent Depressive Disorder

Medical Diagnoses Primary and Secondary Dx (most frequent first)

Diseases Of The Digestive System	Acute appendicitis
Diseases Of The Nervous System	Migraine
Endocrine, Nutritional And Metabolic Diseases	Overweight and obesity
Factors Influencing Health Status And Contact With Health Services	Contact with and (suspected) exposure to communicable diseases • Encounter for general examination without complaint, suspected or reported diagnosis • Encounter for medical observation for suspected diseases and conditions ruled out • Persons encountering health services for other counseling and medical advice, not elsewhere classified
Symptoms, Signs And Abnormal Clinical And Laboratory Findings, Not Elsewhere Classified	Abdominal and pelvic pain • Other symptoms and signs involving the digestive system and abdomen

Integrated View of Services Over Time

Table   Graph

Feb '20   Mar '20   Apr '20   May '20   Jun '20   Jul '20   Aug '20   Sep '20   Oct '20   Nov '20   Dec '20   Jan '21

Medicaid Enrolled

(DOH-HH Table) Health Home - Outreach

Quality Flags as of monthly QI report 1/1/202...

Indicator Set

| Polypharmacy | Psychot... | ...Hcl + Paroxetine Hcl + Trazodone Hcl) |

Plans & Documents ⬆ Upload ⊕ Create

There are no Plans or Documents

Behavioral Health Diagnoses Primary

Major Depressive Disorder • Generalized Anxiety ... e disorder, single episode • Persistent Depressive Disorder

Medical Diagnoses Primary and Secondary ...

Diseases Of The Digestive System	Acu...
Diseases Of The Nervous System	Mig...
Endocrine, Nutritional And Metabolic Diseases	Overweight and obesity
Factors Influencing Health Status And Contact With Health Services	Contact with and (suspected) exposure to communicable diseases • Encounter for general examination without complaint, suspected or reported diagnosis • Encounter for medical observation for suspected diseases and conditions ruled out • Persons encountering health services for other counseling and medical advice, not elsewhere classified
Symptoms, Signs And Abnormal Clinical And Laboratory Findings, Not Elsewhere Classified	Abdominal and pelvic pain • Other symptoms and signs involving the digestive system and abdomen

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New Psychiatric Advance Directive ✕

Psychiatric Advance Directive Form

1. **Download the form** and save to your computer.

2. **Complete the form** on your computer. Individuals can complete alone or in collaboration with their provider.

3. **The form needs to be signed** by the individual and 2 witnesses. Sign electronically in the PDF or print and sign.

4. **Print out copies** for individual and provider(s).

5. **Upload** in the Plans and Documents section.

⬇ **Download Psychiatric Advance Directive form (fillable PDF)**

Close

Integrated View of Services Over Time

Table Graph

Feb '20 Mar '20 Apr '20 May '20 Jun '20 Jul '20 Aug '20 Sep '20 Oct '20 Nov '20 Dec '20 Jan '21

📄 NyAPRSPADTempl....pdf ⌃

ADVANCE DIRECTIVE
FOR MENTAL & PHYSICAL HEALTH CARE

I, _____, hereby make known my desire that, should I lose the capacity to make health care decisions, the following are my instructions regarding consent to or refusal of medical treatment, and if I choose, the designation of my health care agent. I intend that all completed sections of this advance directive be followed.

PART I. HEALTH CARE PROXY

A. **APPOINTMENT OF A HEALTH CARE AGENT:** I hereby appoint the following individual as my health care agent to make any and all health care decisions for me, except to the extent that I state otherwise. This health care proxy shall take effect when and if I become unable to make my own health care decisions.

_____
(Agent's Name)

_____
(Agent's Home Address)

_____
(Agent's Telephone Number)

B. **AUTHORITY OF HEALTH CARE AGENT:** My health care agent may make decisions regarding* (choose ONE):

☐ all mental and physical health care
☐ mental health care ONLY
☐ physical health care ONLY
☐ the following health care decisions ONLY

_____
_____
_____

*Note: While you may limit your health care agent's decision-making authority, you cannot ~~~ one ~~~ ke only
mental health care decisions.

My QI Report ▾ | **Statewide Reports** | **Recipient Search** | **Provider Search** | **Registrar** ▾ | **Usage Reports** ▾ | **Utilization Reports** | **MyCHOIS**

DOE, JANE
Clinical Summary as of 1/24/2021

◀ **Recipient Search**

📄 PDF 📊 Excel 📇 CCD

≡ **Sections**

| Brief Overview | **1 Year Summary** | 5 Year Summary |

This report does not contain clinical data with special protection - consent required.

General

| **Name** | **Medicaid ID** | **Medicare** | **HARP Status** |
| Jane Doe | AB12345C | No | HARP Enrolled Tier 2 HCBS (H1 with H3) |

| **DOB** | **Medicaid Aid Category** | **Managed Care Plan** | **HARP HCBS Assessment Status** |
| 12/19/2001 (19 years) | SSI | UnitedHealthcare Community Plan (HARP) | Tier 2 HCBS Eligibility (Reassess overdue) |

| **Address** | **Medicaid Eligibility Expires on** | **MC Plan Assigned PCP** | |
| 123 Main Street, Staten Island, NY 10302 | 7/1/2021 | Bills, Josh MD | |

Current Care Coordination

Housing/Residential Program: Supported Housing Community Services, SIBN Supp Housing/Adult Homes Richmond Cty - Comm Svcs, Staten Island Behavioral Network, Inc. (Admission Date: 26-MAR-19), Program Contact Information: Eleftherios Papaioannou, (718)-351-5530

- This information is updated weekly from CAIRS.

Quality Flags   as of monthly QI report 1/1/2021 ⧉ Definitions

| Recent | All (Graph) | All (Table) |

Indicator Set

| High Utilization - Inpt/ER | 2+ ER - BH • 2+ ER - MH • 2+ ER - Medical • 4+ Inpatient/ER - BH |

Plans & Documents ⬆ Upload ⊕ Create New

There are no Plans or Documents

Behavioral Health Diagnoses Primary and Secondary Dx (most frequent first)

Quality Flags as of monthly QI report 7/1/2020

Indicator Set
BH QARR - Improvement Measure	Readmis...
Health and Recovery Plan (HARP)	HARP-E...
High Utilization - Inpt/ER	2+ ER - ...
Preventable Hospitalization	Prevent ...
Readmission Post-Discharge from any Hospital	BH to BH ...

Upload an Existing Plan or Health Document ✕

Type of Document	*	Psychiatric Adva ▼

- Safety Plan
- Relapse Prevention Plan
- **Psychiatric Advance Directive**
- Care Plans
- Discharge Plan
- Other

Date Document Created *

Document Created By * [ ]

Document Source * [ ] **Choose File**

⬆ **Upload**

Maximum File Size: 10 mb
Supported File Types: pdf, doc, jpg, gif

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Behavioral Health Diagnoses Primary and Secondary Dx (most frequent first)

Major Depressive Disorder • Unspecified/Other Depressive Disorder • Unspecified/Other Bipolar • Bipolar I • Unspecified/Other Personality Disorder • Unspecified/Other Anxiety Disorder • Other Mental Disorders • Unspecified/Other Psychotic Disorders

Medical Diagnoses Primary and Secondary Dx (most frequent first)

Certain Infectious And Parasitic Diseases	Other bacterial agents as the cause of diseases classified elsewhere
Diseases Of The Circulatory System	Essential (primary) hypertension

Quality Flags as of monthly QI report 7/1/2020

Indicator Set

BH QARR - Improvement Measure	Readmis
Health and Recovery Plan (HARP)	HARP-E
High Utilization - Inpt/ER	2+ ER -
Preventable Hospitalization	Prevent
Readmission Post-Discharge from any Hospital	BH to BI

Upload an Existing Plan or Health Document ✕

Type of Document *	Psychiatric Adva ▼
Date Document Created *	08/05/2020
Document Created By *	John Doe
Role *	Therapist
Document Source *	[Choose File]

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Behavioral Health Diagnoses Primary and Secondary Dx (most frequent first)

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Quality Flags   as of monthly QI report 7/1/2020

Indicator Set
BH QARR - Improvement Measure
Health and Recovery Plan (HARP)
High Utilization - Inpt/ER
Preventable Hospitalization
Readmission Post-Discharge from any Hospital

Recent   All (Graph)   All (Table)

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Jane Doe PAD.docx
<ccs2012> <concept>
<concept_id>10011007.10011074.10011081.100...
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Size: 68.0 KB
Authors: FirstName Surname...
Tags: Insert keyword text; Ins...

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Behavioral Health Diagnoses

Major Depressive Disorder • Unspecified...   ...order • Unspecified/Other Anxiety
Disorder • Other Mental Disorders • Un...

Medical Diagnoses   Primary and Se...

Certain Infectious And Parasitic Diseases	Other bacterial agents as the cause of diseases classified elsewhere
Diseases Of The Circulatory System	Essential (primary) hypertension

Quality Flags as of monthly QI report 7/1/2020

Indicator Set		Recent	All (Graph)	All (Table)
BH QARR - Improvement Measure	Readmis...			
Health and Recovery Plan (HARP)	HARP-E...			
High Utilization - Inpt/ER	2+ ER - ...			
Preventable Hospitalization	Prevent			
Readmission Post-Discharge from any Hospital	BH to BH			

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Type of Document *	Psychiatric Adva ▼	
Date Document Created *	08/05/2020	
Document Created By *	John Doe	**Role** * Therapist
Document Source *	Jane Doe PAD.docx	**Choose File**

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Behavioral Health Diagnoses Primary and Secondary Dx (most frequent first)

Major Depressive Disorder • Unspecified/Other Depressive Disorder • Unspecified/Other Bipolar • Bipolar I • Unspecified/Other Personality Disorder • Unspecified/Other Anxiety Disorder • Other Mental Disorders • Unspecified/Other Psychotic Disorders

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Diseases Of The Circulatory System	Essential (primary) hypertension

Sections

Brief Overview | 1 Year Summary | 5 Year Summary

This report does not contain clinical data with special protection - consent required.

General

Name
Jane Doe

Medicaid ID
 AB12345C

Medicare
No

HARP Status
HARP Enrolled Tier 2 HCBS (H1 with H3)

DOB
12/19/2001 (19 years)

Medicaid Aid Category
SSI

Managed Care Plan
UnitedHealthcare Community Plan (HARP)

HARP HCBS Assessment Status
Tier 2 HCBS Eligibility (Reassess overdue)

Address
123 Main Street, Staten Island, NY 10302

Medicaid Eligibility Expires on
7/1/2021

MC Plan Assigned PCP
 Bills, Josh MD

Current Care Coordination

Housing/Residential Program: Supported Housing Community Services, SIBN Supp Housing/Adult Homes Richmond Cty - Comm Svcs, Staten Island Behavioral Network, Inc. (Admission Date: 26-MAR-19), Program Contact Information: Eleftherios Papaioannou, (718)-351-5530

- This information is updated weekly from CAIRS.

Quality Flags as of monthly QI report 1/1/2021 Definitions

Recent | All (Graph) | All (Table)

Indicator Set

High Utilization - Inpt/ER	2+ ER - BH • 2+ ER - MH • 2+ ER - Medical • 4+ Inpatient/ER - BH

Plans & Documents ⬆ Upload ⊕ Create New

Date Document Created	Document Type	Provider Name	Document Created By	Role	Delete Document
8/5/2020	Psychiatric Advance Directive	HUTCHINGS PSYCHIATRIC CENTER	JOHN DOE	Thearpist	🗑

Behavioral Health Diagnoses Primary and Secondary Dx (most frequent first)

Major Depressive Disorder • Unspecified/Other Depressive Disorder • Unspecified/Other Bipolar • Bipolar I • Unspecified/Other Personality Disorder • Unspecified/Other Anxiety Disorder • Other Mental Disorders • Unspecified/Other Psychotic Disorders

MyCHOIS Consumer Enhancements

MyCHOIS Consumer Enhancements

MyCHOIS is a PSYCKES application that consumers can use to access their own health records and utilize recovery-oriented tools.

Two new enhancements added in this release:

- **Plans and Documents:** Consumer users can now upload plans and documents into MyCHOIS such as a safety plan or Psychiatric Advance Directive (PAD), just like providers can.

- **My Treatment Data available for clients not on Medicaid:** Similar to how a Clinical Summary was developed for clients not on Medicaid for PSYCKES, My Treatment data is now available for non-Medicaid clients in MyCHOIS

Office of Mental Health

About OMH   Consumers & Families   Behavioral Health Providers   Employment

Login to PSYCKES

Login Instructions

About PSYCKES

PSYCKES Training
Materials

Live Webinars

Recorded Webinars

Quality Indicators

Implementing
PSYCKES

Quality Improvement
Collaboratives

MyCHOIS

Contact Us

MyCHOIS

My Collaborative Health Outcomes Information System (MyCHOIS) is a PSYCKES application for individuals receiving behavioral health services.

LOGIN TO MYCHOIS

MyCHOIS offers individuals:

- My Treatment Data – PSYCKES personal health record
- The Learning Center – Educational materials and recovery tools
- CommonGround – Shared decision-making application developed by Pat Deegan, PhD

MyCHOIS aims to:

- increase empowerment, activation and health literacy amongst consumers
- improve doctor-patient communication
- promote patient-centered care and recovery
- enhance the ability to make data-driven treatment decisions

Comments or questions about the information on this page can be directed to the PSYCKES Team.

NEW YORK STATE | Office of Mental Health | MyCHOIS

Statement of Access and Confidentiality
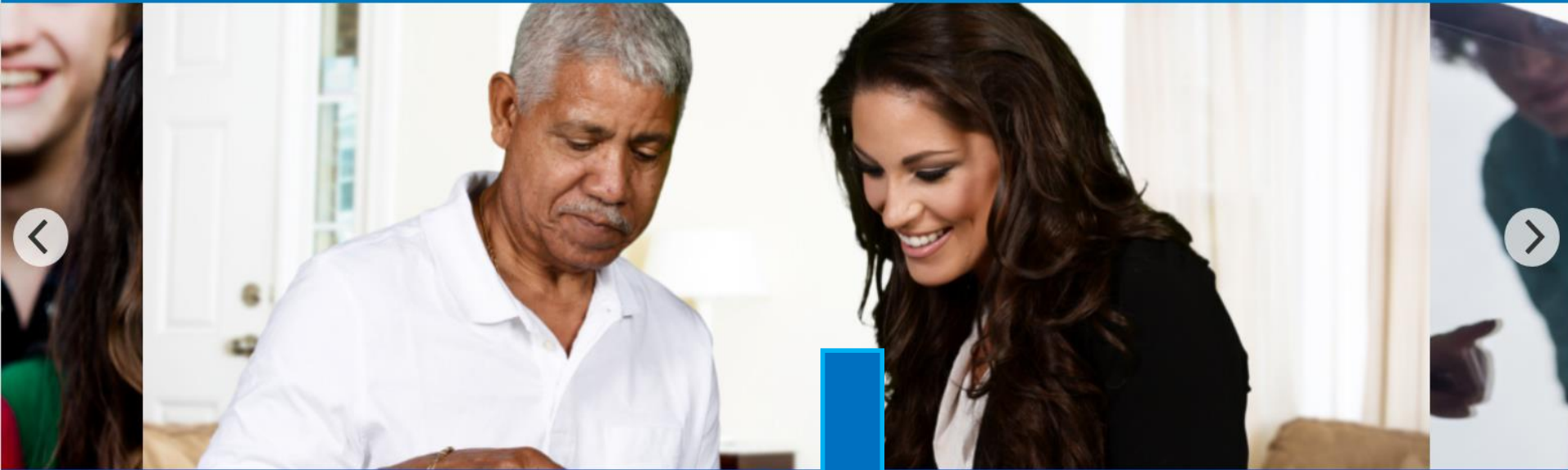
Private system for authorized use only

Please identify by entering your user ID and password below and click the Login button.

User ID:

Password:

Login

CommonGround   **PHQ9**

PHQ to CSSRS   **Review my past reports**

- Take a survey
- Track my recovery progress
- Communicate with my doctor

My Treatment Data

- Review my services
- Review my medications
- Review my diagnoses
- Upload a Psychiatric Advanced Directive
- Create or upload a Safety Plan

Learning Center

Explore a library of resources to support my recovery

Health Resources »
Recovery Videos »
Worksheets »

Personal Medicine Cards »
Multimedia Tutorials »
Pat Deegan's Recovery Library »

Search

NEW YORK STATE | **Office of Mental Health** | **MyCHOIS**

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This report contains all available clinical data.
OMH PHI - Clinical Summary as of 1/12/2021

Summary Period   1 Yr   5 Yrs

☰ Sections

Preferred Name: Jimmy

General

| **Name** | **Medicaid ID** | **Medicare** | **MC Plan Assigned PCP** |
| Smith, John | AB12345B | No | N/A |

| **DOB** | **Medicaid Aid Category** | **Managed Care Plan** | **DSRIP PPS** |
| 5/3/1999 (21 years) | MA-SAFETY NET | Fidelis Care New York (Mainstream) | N/A |

Address	**Medicaid Eligibility Expires on**	**HARP Status**	
123 Main Street		Not HARP Eligible	
Syracuse, NY 11111	06/30/2021		

Current Care Coordination

COVID-19 Registry: HUTCHINGS PSYCHIATRIC CENTER (11-DEC-20 to Present) Designations: Previous Symptomatic - Recovered

Health Home (Enrolled) - Status : Active, ONONDAGA CASE MGMT SVCS MH (Begin Date: 01-JUN-16), Main Contact: Referral - Tracy Marchese, 585-613-7642, tmarchese@hhuny.org; Nira Tobochnik, 585-613-7640, ntobochnik@hhuny.org; Member Referral Number: 585-613-7659

Care Management (Enrolled) : ONONDAGA CASE MGMT SVCS MH

- This information is updated weekly from DOH Health Home file.

Plans & Documents   ⬆ Upload   ⊕ Create New

Date Document Created	Document Type	Provider Name	Document Created By	Role	Delete Document
5/11/2020	Safety Plan	HUTCHINGS PSYCHIATRIC CENTER	Judy Smith	Care Manager	

≡ Sections

This report contains all available clinical data.
OMH PHI - Clinical Summary as of 1/12/2021

Summary Period   1 Yr   5 Yrs

Preferred Name: Jimmy

General

Name
Smith, John

Medicaid ID
AB12345B

Medicare
No

MC Plan Assigned PCP
N/A

DOB
5/3/1999 (21 years)

Medicaid Aid Category

Managed Care Plan

DSRIP PPS

Address
123 Main Street
Syracuse, NY 11111

Current Care Coordination

COVID-19 Registry: HUTCHINGS

Health Home (Enrolled) - Status   ese, 585-613-7642,
tmarchese@hhuny.org; Nira Tob

Care Management (Enrolled) : O

- This information is updated weekly from DOH Health Home file.

Create New Plans & Documents   ✕

Safety Plan	>

Psychiatric Advance Directive	>

Close

Plans & Documents   ⬆ Upload   ⊕ Create New

Date Document Created	Document Type	Provider Name	Document Created By	Role	Delete Document
5/11/2020	Safety Plan	HUTCHINGS PSYCHIATRIC CENTER	Judy Smith	Care Manager	

There is no record of Medicaid enrollment
ℹ About included data sources

This report contains all available clinical data.
OMH PHI - Clinical Summary as of 1/31/2021

Non-Medicaid Summary

Preferred Name: Jay

General

Name	DOB	Address	State PC Assigned Physician	Unique Identifiers
Doe, Jane	2/03/1987 (34 YRS)	1 Main Road Rochester, NY 14620	THOMPSON, LEE P	OMH State ID 11111 MyCHOIS ID: XXXXXXXX

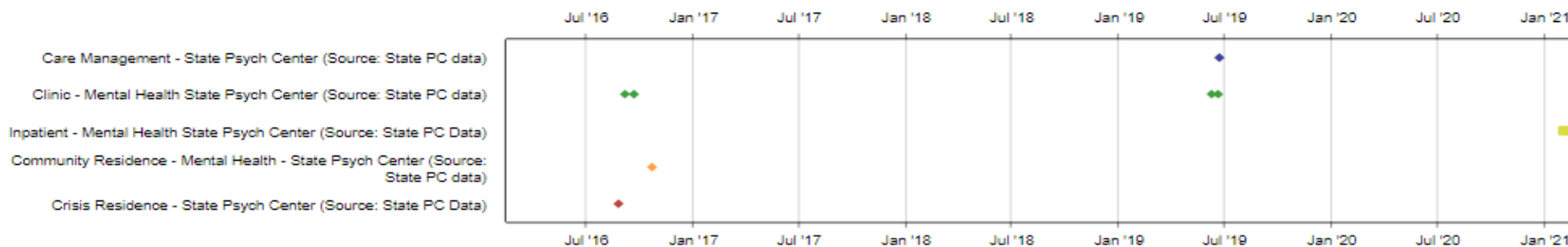## Plans & Documents ⬆ Upload ⊕ Create New

There are no Plans or Documents

Behavioral Health Diagnoses Primary and Secondary Dx (most frequent first)

Generalized Anxiety Disorder

Integrated View of Services Over Time

[Table] [Graph]

| | Jul '16 | Jan '17 | Jul '17 | Jan '18 | Jul '18 | Jan '19 | Jul '19 | Jan '20 | Jul '20 | Jan '21 |

- Care Management - State Psych Center (Source: State PC data)
- Clinic - Mental Health State Psych Center (Source: State PC data)
- Inpatient - Mental Health State Psych Center (Source: State PC Data)
- Community Residence - Mental Health - State Psych Center (Source: State PC data)
- Crisis Residence - State Psych Center (Source: State PC Data)

Care Coordination 📋 Details

[Table] [Graph]

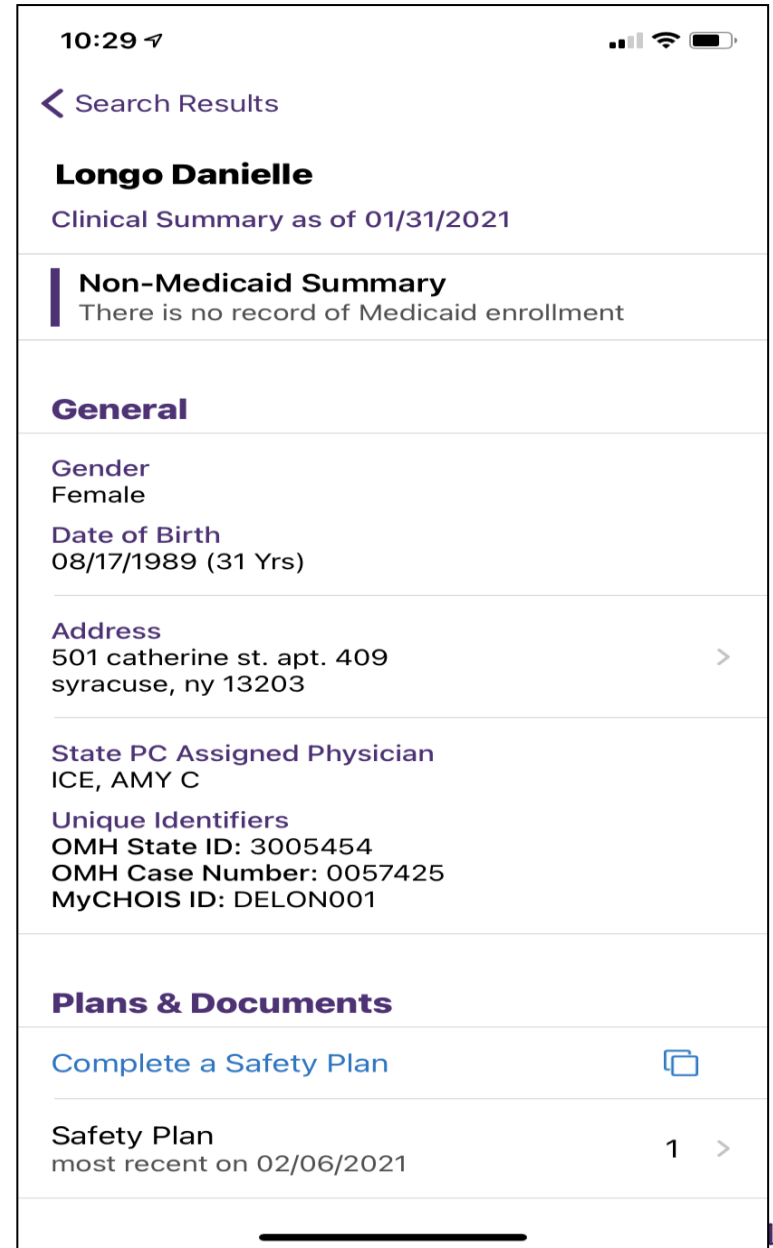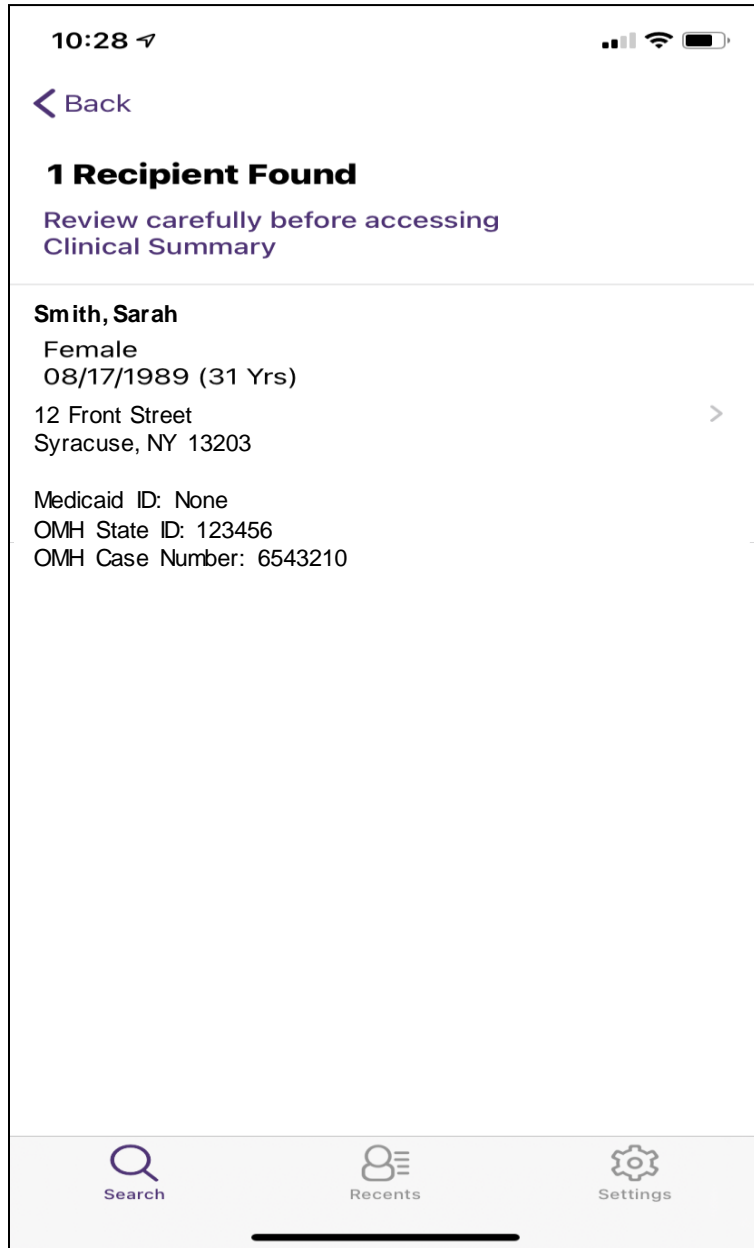| Service Type	Provider	Start Date	End Date	Number of bills
Care Management - State Psych Center (Source: State PC data)	MOHAWK VALLEY PC	6/24/2019	Current	

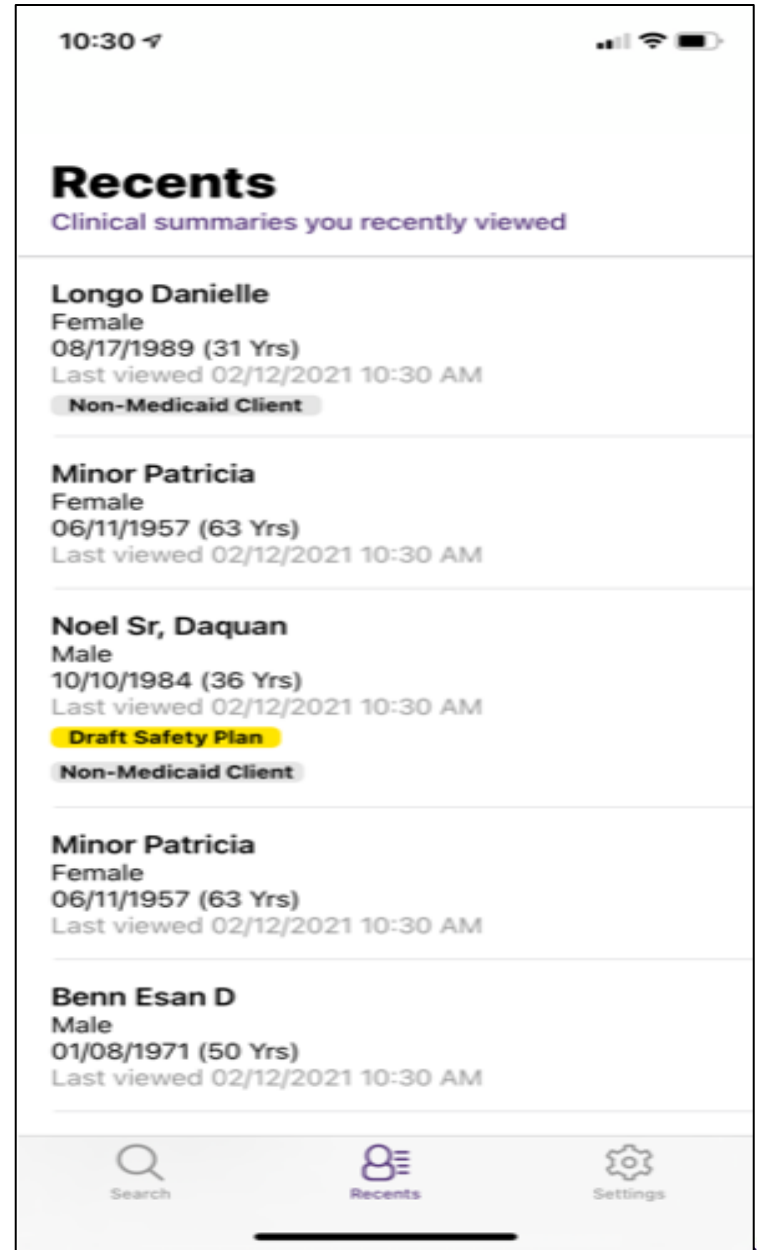## Behavioral Health Services 📋 Details

[Table] [Graph]

iOS Enhancements

iOS Enhancements

The PSYCKES iOS Mobile App for iPhones and iPads release 4.2 included the following enhancements:

- **Clinical Summary for a Non-Medicaid Client:** A Clinical Summary was added for clients who are not in the Medicaid population (Non-Medicaid client), who either have been served by a state-operated Psychiatric Center (PC) or have been served by a provider agency utilizing the PSYCKES MyCHOIS application

- **Intensive Mobile Treatment (IMT):** IMT program information will be displayed in the mobile app if applicable to the client

- **Assisted Outpatient Treatment (AOT) Referral Under Investigation**: AOT referral under investigation will be displayed in the mobile app if applicable to the client

Left Screen

❮ Back

1 Recipient Found

Review carefully before accessing Clinical Summary

Smith, Sarah
Female
08/17/1989 (31 Yrs)

12 Front Street
Syracuse, NY 13203   ❯

Medicaid ID: None
OMH State ID: 123456
OMH Case Number: 6543210

🔍   👥☰   ⚙️
Search   Recents   Settings

Right Screen

❮ Search Results

Longo Danielle

Clinical Summary as of 01/31/2021

Non-Medicaid Summary
There is no record of Medicaid enrollment

General

Gender
Female

Date of Birth
08/17/1989 (31 Yrs)

Address
501 catherine st. apt. 409   ❯
syracuse, ny 13203

State PC Assigned Physician
ICE, AMY C

Unique Identifiers
OMH State ID: 3005454
OMH Case Number: 0057425
MyCHOIS ID: DELON001

Plans & Documents

Complete a Safety Plan   🗐

Safety Plan
most recent on 02/06/2021   1 ❯

lth

The following DOHMH data will now display in client's Current Care Coordination section, if applicable:

- **Intensive Mobile Treatment (IMT**
- **Assisted Outpatient Treatment (AOT) Referral Under Investigation**

PSYCKES Training & Technical Support

PSYCKES Training

- PSYCKES website: www.psyckes.org

- Webinars
    - Live webinars: Register on PSYCKES Live Webinars page
    - Recorded webinars: Posted on PSYCKES Website
        – Using PSYCKES Quality Indicator Reports
        – Navigating PSYCKES Recipient Search for Population Health
        – Using the PSYCKES Clinical Summary
        – Consent, Emergency, Quality Flag: PSYCKES Levels of Access
        – PSYCKES Mobile App for iPhones & iPads
        – Using PSYCKES from Home
        – Introduction to PSYCKES
        – Where to Start: Getting Access to PSYCKES

- PSYCKES User Guides & Short How-To Videos
    - www.psyckes.org > PSYCKES Training Materials

NEW YORK STATE OF OPPORTUNITY. | Office of Mental Health

PSYCKES Technical Support

- **PSYCKES Help**
  - Support using PSYCKES and questions about data
  - 9:00AM – 5:00PM, Monday – Friday
  - PSYCKES-help@omh.ny.gov

- **ITS Help Desk**
  - Token, login, and SMS support
  - Provider Partner ITS Helpdesk:
    - healthhelp@its.ny.gov; 1-800-435-7697
  - OMH Employee ITS Helpdesk:
    - fixit@its.ny.gov; 1-844-891-1786